



**RECERTIFICATION
for Category E members
whose inclusion
on the list expires
on December 31, 2024**

**Massachusetts Trial Court
Probate & Family Court
Department**

Email Recertification Form to:

Pandf.feegenerating@jud.state.ma.us

by December 2, 2024 with the required
form(s)/ documentation.

First Name:	Middle Name:	Last Name:
Firm/Business Name, if any:		
Email Address:		
Mailing Address:		
Website Address:		
Mobile Telephone Number:	Office Telephone Number:	
B.R.O./ B.B.O. number:		
Proficiency in languages other than English (optional):		
Special experience/expertise (optional):		

☐ I am licensed to practice medicine or psychology, or I am a licensed independent clinical social worker, a licensed marriage and family therapist, a licensed rehabilitation counselor or a licensed mental health counselor. Specifically, I certify that I have been licensed as a _____ by the Board of Registration in _____ since _____, and that I remain in good standing with said Board of Registration.

☐ I certify that I have not been charged with or arrested for any felonies. (If you cannot certify this, please explain here.)

☐ I certify that I have not been the subject of any complaints to my licensing board. (If you cannot certify this, please explain here.) _____

☐ I certify that I have not been the subject of any complaints filed with the Administrative Office of the Probate and Family Court pursuant to Uniform Practice I. Removal From Fee Generating Appointment List. (If you cannot certify this, please explain here.) _____

☐ I agree that, if recertified, I will accept each year at least one case paid by the Commonwealth at the state-paid hourly rate set by the Trial Court, if offered. My hourly rate for non-state-paid cases is _____.

I WILL accept appointments from the following (up to four) divisions of the Probate and Family Court Department:

- | | | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Barnstable | <input type="checkbox"/> Berkshire | <input type="checkbox"/> Bristol | <input type="checkbox"/> Dukes | <input type="checkbox"/> Essex | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hampden |
| <input type="checkbox"/> Hampshire | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Nantucket | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Plymouth | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Worcester |

☐ I understand that this recertification is for appointment as a:

Guardian *ad litem* evaluator for custody, parenting time and adoption issues pursuant to G. L. c. 215, § 56A.

☐ I would like to also be included on the Category F list.

☐ I would not like to be included on the Category F list.

☐ If this recertification is approved, I understand that:

1. When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.

2. If I am appointed as *guardian ad litem* and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven days of such request.

3. To remain on this list for appointments, I understand that I am required to attend, on an annual basis, the mandatory training as set forth by the Administrative Office of the Probate and Family Court Department. I also understand that if I have not emailed the required documentation as determined by the Administrative Office of the Probate and Family Court, by the required date each year to pandf.feegenerating@jud.state.ma.us, I will be removed from the list and be ineligible for appointments. Yearly attendance is insufficient if not accompanied by an approved continuing education certificate and any other required documents.

4. I understand that all communication and information relating to Category F trainings and requirements will be located on [the Probate and Family Court fee generating page on mass.gov](#) and that any inquiries should be emailed to pandf.feegenerating@jud.state.ma.us.

☐ I understand that I have an affirmative obligation to timely notify the Administrative Office of the Probate and Family Court at pandf.feegenerating@jud.state.ma.us if at any time my answers to the questions contained herein change.

WITH THIS RECERTIFICATION, I AM SUBMITTING THE FOLLOWING:

☐ A current copy of my insurance binder showing coverage of at least \$100,000:

☐ My required documentation for continuing education as set forth by the Administrative Office of the Probate and Family Court on [the Probate and Family Court fee generating page on mass.gov](#).

☐ My State-pay Requirement Form for 2024

☐ I agree that the Trial Court may access a CARI (Criminal Activity Record Information) report. I understand that this is required as a condition of inclusion on the fee generating appointment list and that the report will be kept confidential.

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief

Date:

Signature: